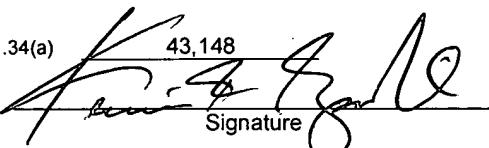
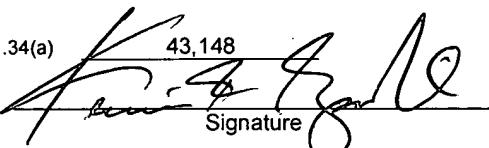
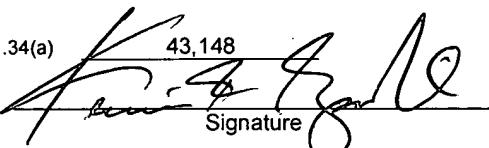


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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket No. (Optional) 449122017000																																					
	In re Application of Stefan SCHAFFLER																																						
	Application Number 09/423,066	Filed November 1, 1999																																					
	For: METHOD AND ARRANGEMENT FOR DETERMINING AT LEAST ONE DIGITAL SIGNAL FROM AN ELECTRICAL SIGNAL																																						
	Art Unit 2666	Examiner F. Duong																																					
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$ 420.00</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: _____</td> <td>JUL 14 2004</td> </tr> <tr> <td><input type="checkbox"/> A check in the amount of the fee is enclosed.</td> <td>Technology Center 2600</td> </tr> <tr> <td><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u></td> <td></td> </tr> <tr> <td colspan="2">I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.</td> </tr> <tr> <td colspan="3"> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input type="checkbox"/> attorney or agent of record. Registration Number _____</p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>43,148</u></p> </td> </tr> <tr> <td colspan="2"> <u>July 6, 2004</u> Date </td> <td>  Signature <u>Kevin R. Spivak</u> Typed or printed name </td> </tr> <tr> <td colspan="3"> <u>(202) 887-1525</u> Telephone Number </td> </tr> <tr> <td colspan="3"> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p> </td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> Total of <u>1</u> forms are submitted. </td> </tr> </table>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 420.00	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____	<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: _____	JUL 14 2004	<input type="checkbox"/> A check in the amount of the fee is enclosed.	Technology Center 2600	<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u>		I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.		<p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input type="checkbox"/> attorney or agent of record. Registration Number _____</p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>43,148</u></p>			<u>July 6, 2004</u> Date		 Signature <u>Kevin R. Spivak</u> Typed or printed name	<u>(202) 887-1525</u> Telephone Number			<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p>			<input type="checkbox"/> Total of <u>1</u> forms are submitted.		
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